Add/Remove Certified Application Assistant (CAA)

Please call EE/CAA Liaison Help Line at (800) 279 5012 with any questions.



SECTION 1	Existing Enrollment Entity (EE) Information					
Existing Enrollment Entity	Organization Name				Enrollment Entity/EE Number (5 digits)	
Information	Authorized Contact		Signature of Authorized Contact			
	Primary Phone (plus extension, if any)	Fax	1	E-mail		
	Physical Street Address		City		State/Zip	
SECTION 2	Add or Remove a Certified Application Assistant (CAA)					
New / Existing Certified	First Name	E Last Name				
Application Assistant Information	Physical/Business Address		City		State/Zip	
☐ Add	E-Mail Address		Phone (plus extension, if any)			
Remove	CAA Number (leave blank for Adds, will be assigned by HFP)		Approved By (HFP use only) Effective Date (HFP use only)			
			11 2 22 27 (201 222 209)			
	First Name		Last Name			
Add	Dhysical Circas Address		City State/Zip			
Remove	Physical Street Address				Giato/Zip	
	E-Mail Address		Phone (plus extension, if any)			
	CAA Number (leave blank for Adds, will be assigned by HFP)		Approved By (HFP use only)		Effective Date (HFP use only)	
	First Name		Last Name			
Add	riist Name		Last ivalle			
	Physical Street Address		City		State/Zip	
Remove	E-Mail Address					
			Phone (plus extension, if any)			
	CAA Number (leave blank for Adds, will be assigned by H	HFP)	Approved By (HFP use or	nly)	Effective Date (HFP use only)	
	First Name		Last Name			
Add Physical Street Address			City State/Zip		State/Zip	
Remove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	E-Mail Address		Phone (plus extension, if any)			
	CAA Number (leave blank for Adds, will be assigned by h	HFP)	Approved By (HFP use or	nly)	Effective Date (HFP use only)	

SECTION 2	Add or Remove a Certified Application Assistant (CAA)				
New / Existing Certified Application	First Name Last Name				
Assistant Information	Physical/Business Address	City	State/Zip		
Add	E-Mail Address	Phone (plus extension, if any)			
Remove	CAA Number (leave blank for Adds, will be assigned by HFP)	Approved By (HFP use only)	Effective Date (HFP use only)		
Add	First Name	Last Name			
Remove	Physical Street Address	City	State/Zip		
	E-Mail Address	Phone (plus extension, if any)			
	CAA Number (leave blank for Adds, will be assigned by HFP)	Approved By (HFP use only)	Effective Date (HFP use only)		
Add	First Name	Last Name			
Remove	Physical Street Address	City	State/Zip		
	E-Mail Address	Phone (plus extension, if any)			
	CAA Number (leave blank for Adds, will be assigned by HFP)	Approved By (HFP use only)	Effective Date (HFP use only)		
Add	First Name	Last Name			
Remove	Physical Street Address	City	State/Zip		
	E-Mail Address	Phone (plus extension, if any)			
	CAA Number (leave blank for Adds, will be assigned by HFP)	Approved By (HFP use only)	Effective Date (HFP use only)		
Add	First Name	Last Name			
Remove	Physical Street Address	City	State/Zip		
	E-Mail Address	Phone (plus extension, if any)			
	CAA Number (leave blank for Adds, will be assigned by HFP)	Approved By (HFP use only)	Effective Date (HFP use only)		

Please mail to: Healthy Families Program
EE/CAA Liaison
625 Coolidge Dr.
Folsom, CA 95630

or

fax to: (916) 673 4500 Attn: EE/CAA Liaison